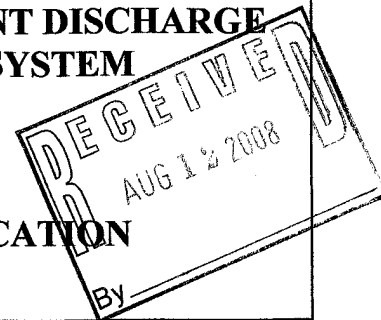
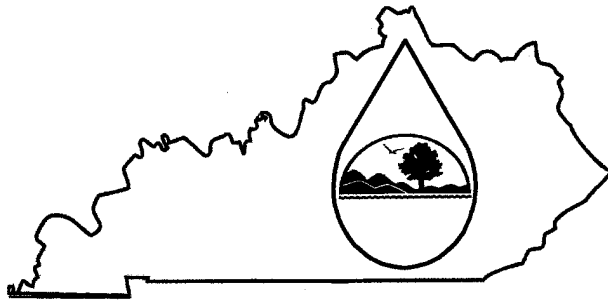


KPDES FORM 1

3046

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION



This is an application to: (check one)

- ☐ Apply for a new permit.
☒ Apply for reissuance of expiring permit.
☐ Apply for a construction permit.
☐ Modify an existing permit.

Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or Form SC

For additional information contact:

KPDES Branch (502) 564-3410

\$1000.00
CK.

I. FACILITY LOCATION AND CONTACT INFORMATION	AGENCY USE	0099325
---	---------------	---------

A. Name of Business, Municipality, Company, Etc. Requesting Permit

James Marine Inc./ Paducah River Service

B. Facility Name and Location

Facility Location Name:

James Marine Inc. Paducah River Service

Facility Location Address (i.e. street, road, etc., not P.O. Box):

4500 Clarks River Rd.

Facility Location City, State, Zip Code:

Paducah, KY 42003

D. Owner's name (if not the same as in part A and C):

Owner's Mailing Address:

C. Primary Mailing Address (all facility correspondence will be sent to this address). Include owner's mailing address (if different) in D.

Facility Contact Name and Title: Mr. ☒ Ms. ☐

C. Ronald James

Mailing Address:

P. O. Box 2305

Mailing City, State, Zip Code:

Paducah, KY 42002-2305

Facility Contact Telephone Number:

270-898-7392

Owner's Telephone Number (if different):

II. FACILITY DESCRIPTION

A. Provide a brief description of activities, products, etc: Inland River Tow Boat / Barge repair and cleaning.

B. Standard Industrial Classification (SIC) Code and Description

Principal SIC Code & Description:

3731 Ship Building and Cleaning

Other SIC Codes:

III. FACILITY LOCATION

A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions)

B. County where facility is located:
McCracken

City where facility is located (if applicable):
Paducah

C. Body of water receiving discharge:
Tennessee River

D. Facility Site Latitude (degrees, minutes, seconds):
37 02 .32N

Facility Site Longitude (degrees, minutes, seconds):
088 32 .23W

E. Method used to obtain latitude & longitude (see instructions): Map

F. Facility Dun and Bradstreet Number (DUNS #) (if applicable): 173474602

IV. OWNER/OPERATOR INFORMATION**A. Type of Ownership:**

☐ Publicly Owned ☒ Privately Owned ☐ State Owned ☐ Both Public and Private Owned ☐ Federally owned

B. Operator Contact Information (See instructions)

Name of Treatment Plant Operator:

Tom Freeman

Telephone Number:

270-898-7392

Operator Mailing Address (Street):

P.O.Box 2305

Operator Mailing Address (City, State, Zip Code):

Paducah, KY 42002-2305

Is the operator also the owner?

Yes ☐ No ☒

Is the operator certified? If yes, list certification class and number below.

Yes ☒ No ☐

Certification Class:

Class I

Certification Number:

10257

V. EXISTING ENVIRONMENTAL PERMITS

Current NPDES Number:

KY0099325

Issue Date of Current Permit:

Expiration Date of Current Permit:

February 28, 2009

Number of Times Permit Reissued:

Date of Original Permit Issuance:

Sludge Disposal Permit Number:

August 1, 1994

Kentucky DOW Operational Permit #:

Kentucky DSMRE Permit Number(s):

Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source	N/A	N/A
Solid or Special Waste	N/A	N/A
Hazardous Waste - Registration or Permit	N/A	N/A

VI. DISCHARGE MONITORING REPORTS (DMRs)

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). Information in this section serves to specifically identify the name and telephone number of the DMR official and the DMR mailing address (if different from the primary mailing address in Section I.C).

A. DMR Official (i.e., the department, office or individual designated as responsible for submitting DMR forms to the Division of Water):

Tom Freeman

DMR Official Telephone Number:

270-898-7392

B. DMR Mailing Address:

- Address the Division of Water will use to mail DMR forms (if different from mailing address in Section I.C), or
- Contact address if another individual, company, laboratory, etc. completes DMRs for you; e.g., contract laboratory address.

DMR Mailing Name:

Microbac Labs

DMR Mailing Address:

3323 Gilmore Industrial Blvd

DMR Mailing City, State, Zip Code:

Louisville, KY 40213

VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount (for permit renewals, please include the KPDES permit number on the check to ensure proper crediting). Descriptions of the base fee amounts are given in the "General Instructions."

Facility Fee Category:

Non-Process Industry

Filing Fee Enclosed:

\$1,000.00

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):

Mr. ☒ Ms. ☐ William E. Crabtree

SIGNATURE



TELEPHONE NUMBER (area code and number):

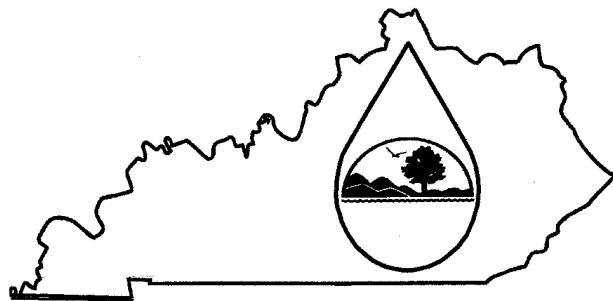
270-898-7392

DATE:

08-10-2008

Return completed application form and attachments to: **KPDES Branch, Division of Water, Frankfort Office Park, 14 Reilly Road, Frankfort, KY 40601. Direct questions to: KPDES Branch at (502) 564-3410.**

KPDES FORM C



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, contact KPDES Branch, (502) 564-3410.

Name of Facility: James Marine Inc. Paducah River Service				County: McCracken			
I. OUTFALL LOCATION				AGENCY USE			

For each outfall list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

Outfall No. (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
001	37	02	.41N	088	31	.74W	Tennessee River
004	37	02	.66N	088	32	.28W	Tennessee River

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

- A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfall. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.
- B. For each outfall, provide a description of: (1) all operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) the average flow contributed by each operation; and (3) the treatment received by the wastewater. Continue on additional sheets if necessary.

OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	Description	List Codes from Table C-1
001	Barge Cleaning		Wash water for Dry	1-U, 4-A
			Cargo Barge	
004	Oil Water Separator		Seperates Oil and Water from	1-C, 2-A, 4-A
			Beilge of Inland river boats.	

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (Continued)

C. Except for storm water runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?

☒ Yes (Complete the following table.)

☐ No (Go to Section III.)

OUTFALL NUMBER	OPERATIONS CONTRIBUTING FLOW	FREQUENCY		FLOW				
		Days Per Week	Months Per Year	Flow Rate (in mgd)		Total volume (specify with units)		Duration (in days)
				Long-Term Average	Maximum Daily	Long-Term Average	Maximum Daily	
(list)	(list)	(specify average)	(specify average)					
001	Barge Cleaning	5	12		.004		.003	4 days/Mo.

III. MAXIMUM PRODUCTION

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?

☐ Yes (Complete Item III-B) List effluent guideline category:

☒ No (Go to Section IV)

B. Are the limitations in the applicable effluent guideline expressed in terms of production (or other measures of operation)?

☐ Yes (Complete Item III-C)

☐ No (Go to Section IV)

C. If you answered "Yes" to Item III-B, list the quantity which represents the actual measurement of your maximum level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.

MAXIMUM QUANTITY			Affected Outfalls (list outfall numbers)
Quantity Per Day	Units of Measure	Operation, Product, Material, Etc. (specify)	

IV. IMPROVEMENTS

A. Are you now required by any federal, state or local authority to meet any implementation schedule for the construction, upgrading, or operation of wastewater equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders and grant or loan conditions.

☐ Yes (Complete the following table)

☒ No (Go to Item IV-B)

IDENTIFICATION OF CONDITION AGREEMENT, ETC.	AFFECTED OUTFALLS		BRIEF DESCRIPTION OF PROJECT	FINAL COMPLIANCE DATE	
	No.	Source of Discharge		Required	Projected

B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

V. INTAKE AND EFFLUENT CHARACTERISTICS

A, B, & C: See instructions before proceeding – Complete one set of tables for each outfall – Annotate the outfall number in the space provided.

NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered 5-18.

D. Use the space below to list any of the pollutants (refer to SARA Title III, Section 313) listed in Table C-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

POLLUTANT	SOURCE	POLLUTANT	SOURCE

VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

A. Is any pollutant listed in Item V-C a substance or a component of a substance which you use or produce, or expect to use or produce over the next 5 years as an immediate or final product or byproduct?

☐

Yes (List all such pollutants below)

☒

No (Go to Item VI-B)

B. Are your operations such that your raw materials, processes, or products can reasonably be expected to vary so that your discharge of pollutants may during the next 5 years exceed two times the maximum values reported in Item V?

☐

Yes (Complete Item VI-C)

☒

No (Go to Item VII)

C. If you answered "Yes" to Item VI-B, explain below and describe in detail to the best of your ability at this time the sources and expected levels of such pollutants which you anticipate will be discharged from each outfall over the next 5 years. Continue on additional sheets if you need more space.

VII. BIOLOGICAL TOXICITY TESTING DATA

Do you have any knowledge of or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ Yes (Identify the test(s) and describe their purposes below)

☒ No (Go to Section VIII)

VIII. CONTRACT ANALYSIS INFORMATION

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?


☒ Yes (list the name, address, and telephone number of, and pollutants analyzed by each such laboratory or firm below)

☐ No (Go to Section IX)

NAME	ADDRESS	TELEPHONE (Area code & number)	POLLUTANTS ANALYZED (list)
Microbac Lab	3323 Gilmore Industrial Blvd. Louisville KY 40213	502-962-6400	All

IX. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
William E. Crabtree	270-898-7392
SIGNATURE 	DATE 08-10-2008

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (use the same format) instead of completing these pages. (See instructions)

V. INTAKE AND EFFLUENT CHARACTERISTICS (Continued from page 3 of Form C)										OUTFALL NO. 004	
Part A. You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each effluent. See instructions for additional details.											
1. POLLUTANT	2. EFFLUENT				3. UNITS (specify if blank)		4. INTAKE (optional)		b. No of Analyses		
	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)	d. No. of Analyses	e. Concentration	f. Mass			
	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass							
a. Biochemical Oxygen Demand (BOD)											
b. Chemical Oxygen Demand (COD)											
c. Total Organic Carbon (TOC)											
d. Total Suspended Solids (TSS)	45	40.29	45	40.21		1	mg/L	15/day			
e. Ammonia (as N)											
f. Flow (in units of MGD)	VALUE 0.007		VALUE 0.005		VALUE		MGD		VALUE		
g. Temperature (winter)	VALUE		VALUE		VALUE		%		VALUE		
h. Temperature (summer)	VALUE 27		VALUE 27		VALUE		%		VALUE		
i. pH	MINIMUM 8.07	MAXIMUM 8.07	MINIMUM 8.07	MAXIMUM 8.07	STANDARD UNITS						

Part B. In the MARK "X" column, place an "X" in the Believed Present column for each pollutant you know or have reason to believe is present. Place an "X" in the Believed Absent column for each pollutant you believe to be absent. If you mark the Believed Present column for any pollutant, you must provide the results of at least one analysis for that pollutant. Complete one table for each pollutant. See the instructions for additional details and requirements.

1 POLLUTANT AND CAS NO (if available)	2 MARK "X"		3 EFFLUENT				4 UNITS		5 INTAKE (optional)					
	a Believed Present	b Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d No. of Analyses	e Concentration	f Mass	a. Long-Term Avg. Value		b No. of Analyses
			(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
a. Bromide (24959-67-9)		X												
b. Bromine Total Residual		X												
c. Chloride		X												
d. Chlorine, Total Residual	X		<0.02	<0.001	<0.02	<0.001			1	mg/L	lb/day			
e. Color		X												
f. Fecal Coliform		X												
g. Fluoride (16984-48-8)		X												
h. Hardness (as CaCO ₃)		X												
i. Nitrate - Nitrite (as N)		X												
j. Nitrogen, Total Organic (as N)		X												
k. Oil and Grease	X		<5	<0.29	<5	<0.21			1	mg/L	lb/day			
l. Phosphorous (as P), Total 7723-14-0		X												
m. Radioactivity														
(1) Alpha, Total		X												
(2) Beta, Total		X												
(3) Radium Total		X												
(4) Radium, 226, Total		X												

Part B - Continued													
1 POLLUTANT And CAS NO (if available)	2 MARK "X"		3 EXPOSURE						4 UNITS		5 INTAKE (optional)		
	a Believed Present	b Believed Absent	h Maximum Daily Value		b Maximum 30-Day Value (if available)		c Long-Term Avg Value (if available)		d No. of Analyses	e Concentration	f Mass	g Long-Term Avg Value	h No. of Analyses
			(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass					
a. Sulfate (as SO ₄) (14808-79-8)		X											
o. Sulfide (as S)		X											
p. Sulfite (as SO ₃) (14286-46-3)		X											
q. Surfactants		X											
r. Aluminum, Total (7429-90)		X											
s. Barium, Total (7440-39-3)		X											
t. Boron, Total (7440-42-8)		X											
u. Cobalt, Total (7440-48-4)		X											
v. Iron, Total (7439-89-6)	X		0.31	0.018	0.31	0.013			1	mg/L	lb/day		
w. Magnesium Total (7439-96-4)		X											
x. Molybdenum Total (7439-98-7)		X											
y. Manganese, Total (7439-96-6)		X											
z. Tin, Total (7440-31-5)		X											
aa. Titanium, Total (7440-32-6)		X											

Part G - If you are a primary industry and this outfall contains process wastewater, refer to Table C-2 in the instructions to determine which of the GC/NMS fractions you must test for. Mark "X" in the Testing Required column for all such GC/NMS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark this column (secondary industries, nonprocess wastewater outfalls, and non-required GC/NMS fractions), mark "X" in the Believed Present column for each pollutant you know or have reason to believe is present. Mark "X" in the Believed Absent column for each pollutant you believe to be absent. If you mark either the Testing Required or Believed Present columns for any pollutant, you must provide the result of at least one analysis for that pollutant. Note that there are seven pages to this part; please review each carefully. Complete one table (all seven pages) for each outfall. See instructions for additional details and requirements.

Some table (all seven pages) for each CTRHU. See instructions for additional details and requirements.															
1 POLLUTANT And CAS NO. (if available)	2 MARK "X"		3 EFFLUENT						4 UNITS		5 INTAKE (optional)				
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Ave. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Ave. Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
METALS, CYANIDE AND TOTAL PHENOLS															
1M. Antimony Total (7440-36-0)			X												
2M. Arsenic, Total (7440-38-2)		X		<0.05	<0.003	<0.05	<0.002			1	mg/L	lb/day			
3M. Beryllium Total (7440-41-7)			X												
4M. Cadmium Total (7440-43-9)		X		<0.004	<0.0003	<0.004	<0.0002			1	mg/L	lb/day			
5M. Chromium Total (7440-43-9)			X												
6M. Copper Total (7550-50-8)		X		<0.01	<0.0004	<0.01	<0.0005			1	mg/L	lb/day			
7M. Lead Total (7439-92-1)		X		<0.01	<0.0006	<0.01	<0.0005			1	mg/L	lb/day			
8M. Mercury Total (7439-97-6)			X												
9M. Nickel, Total (7440-02-0)		X		<0.01	<0.0006	<0.01	<0.0005			1	mg/L	lb/day			
10M. Selenium, Total (7782-49-2)			X												
11M. Silver, Total (7440-28-0)			X												

Part C - Continued

1 POLYMER And CAS NO. (If available)	2 MARK "X"	3 EXPOSURE				4 UNITS		5 INTAKE (optional)	
		a. Testing Required	b. Believed Present	c. Believed Absent	d. Maximum Daily Value (1)	e. Maximum 30-Day Value (2)	f. Long-Term Avg. Value (1)	g. Long-Term Avg. Value (2)	h. No. of Analyses

METALS, CYANIDE AND TOTAL PHENOLS (Continued)									
12M. Thallium, Total (7440-28-0)			X						
13M. Zinc, Total (7440-66-6)	X				40.01	40.016	40.01	40.005	1
14M. Cyanide, Total (57-12-5)			X						
15M. Phenols, Total			X						

DIOXIN

2,3,7,8 Tetra-chlorodibenzo, p, Dioxin (1784-01-6)			X						
--	--	--	---	--	--	--	--	--	--

GC/MS FRACTION - VOLATILE COMPOUNDS

DESCRIBE RESULTS:									
IV. Acetone (107-02-8)			X						
2V. Acrylonitrile (107-13-1)			X						
3V. Benzene (71-43-2)			X						
5V. Bromoform (75-25-2)			X						
6V. Carbon Tetrachloride (56-23-5)			X						
7V. Chloro-benzene (108-90-7)			X						
8V. Chloroform (124-48-1)			X						

Part C: Continued												
1 POLYMER AND CAS NO. (if available)	2 MARK SV		3 EXPOSURE						4 UNITS		5 INTAKE (optional)	
	a Testing Required	b Believed Present	c Believed Absent	a Maximum Daily Value (1) (2)		b Maximum 30-Day Value (if available) (1) (2)		c Long-Term Avg. Value (if available) (1) (2)		d No. of Analyses	a Concentration	b Long-Term Avg. Value (1) (2)
				Concentration	Mass	Concentration	Mass	Concentration	Mass			
9V. Chloroethane (74-00-3)			X									
10V. 2-Chloro- ethylvinyl Ether (110-75-8)			X									
11V. Chloroform (67-66-3)			X									
12V. Dichloro- bromomethane (75-71-8)			X									
14V. 1,1- Dichloroethane (75-34-3)			X									
15V. 1,2- Dichloroethane (107-06-2)			X									
16V. 1,1- Dichloroethylene (75-35-4)			X									
17V. 1,2-Di- chloropropane (78-87-5)			X									
18V. 1,3- Dichloropro- pylene (452-75-6)			X									
19V. Ethyl- benzene (100-41-4)			X									
20V. Methyl Bromide (74-83-9)			X									

Part C - Continued															
1. POLLUTANT and CAS NO. (if available)	2. MARK "X"			3. EFFLUENT						4. ONITS		5. INTAKE (optional)			
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
21V. Methyl Chloride (74-87-3)			X												
22V. Methylene Chloride (75-00-2)			X												
23V. 1,1,2,2- Tetrachloro- ethane (79-34-5)			X												
24V. Tetrachloro- ethylene (127-18-4)			X												
25V. Toluene (108-88-3)			X												
26V. 1,2-Trans- Dichloro- ethylene (156-60-5)			X												
27V. 1,1,1-Trichloroethane (71-55-6)			X												
28V. 1,1,2-Trichloroethane (79-00-5)			X												
29V. Trichloroethylene (79-01-6)			X												
30V. Vinyl Chloride (75-01-4)			X												

Part C - Continued													
1 POLLUTANT And CAS NO. (if available)	2 MARK "X"			3 EPI EVENT				4 UNITS		5 INTAKE (optional)			
	a Testing Required	b Believed Present	b Believed Absent	a Maximum Daily Value (1)		b Maximum 30-Day Value (if available) (1)		c Long-Term Avg. Value (if available) (1)		d No. of Analyses	a Concentration	b Mass	a Long-Term Avg. Value (1)
				(2)	Mass	(2)	Mass	(2)	Mass				
GC/MS FRACTION - ACID COMPOUNDS													
1A. 2-Chloro-phenol (95-57-8)			X										
2A. 2,4-Dichloro- Orophenol (120-83-2)			X										
3A. 2,4-Dimeth- ylphenol (105-67-9)			X										
4A. 4,6-Dinitro- o-cresol (534-52-1)			X										
5A. 2,4-Dinitro- phenol (51-28-5)			X										
6A. 2-Nitro- phenol (88-75-5)			X										
7A. 4-Nitro- phenol (100-02-7)			X										
8A. p-chloro-m- cresol (59-50-7)			X										
9A. Pentachloro- phenol (87-88-5)			X										
10A. Phenol (108-05-2)			X										
11A. 2,4,6-Tr- chlorophenol (88-06-2)			X										
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS													
1B. Acena- phticene (83-32-9)	X			<0.005	<0.0003	<0.005	<0.0002			1	mg/L	lb/day	

Part C - Continued														
1. POLLUTANT And CAS NO. (if available)		2. MARK "X"		3. EFFLUENT						4. UNITS		5. INTAKE (Optional)		
a. Testing Required	b. Believed Present	c. Believed Absent	a. Maximum Daily Value (1)		b. Maximum 30-Day Value (if available) (1)		c. Long-Term Avg. Value (if available) (1)		d. No. of Analyses	a. Concentration	b. Mass	b. Long-Term Avg. Value (1)		b. No. of Analyses
			(2)	Mass	(2)	Mass	(2)	Mass				(2)	Mass	
G/CMS FRACTION - BASE/NEUTRAL COMPOUNDS (Continued)														
2B. Acenaphylene (208-96-8)		X		<0.005	<0.0003	<0.005	<0.0002		1	mg/L	lb/day			
3B. Anthracene (120-12-7)		X		<0.005	<0.0003	<0.005	<0.0002		1	mg/L	lb/day			
4B. Benzidine (92-87-5)			X											
5B. Benzo(a)anthracene (56-55-3)		X		<0.005	<0.0003	<0.005	<0.0002		1	mg/L	lb/day			
6B. Benzo(a)pyrene (50-32-8)		X		<0.005	<0.0003	<0.005	<0.0002		1	mg/L	lb/day			
7B. 3,4-Benzofluoranthene (205-99-2)		X		<0.005	<0.0003	<0.005	<0.0002		1	mg/L	lb/day			
8B. Benzo(g)perylene (191-24-2)		X		<0.005	<0.0003	<0.005	<0.0002		1	mg/L	lb/day			
9B. Benzo(k)fluoranthene (207-08-9)		X		<0.005	<0.0003	<0.005	<0.0002		1	mg/L	lb/day			
10B. Bis(2-chloroethoxy)-methane (111-91-1)			X											
11B. Bis(2-chloroisopropyl)-Ether			X											
12B. Bis(2-ethylhexyl)-phthalate (117-81-7)			X											

Part C - Continued												
1. POLLUTANT And CAS NO. (if available)	2. MARK "X"		3. EXPOSURE				4. UNITS		5. INTAKE (optional)			
	a. Testing Required	b. Believed Present	c. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass			
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS (Continued)												
13B. 4-Bromo-phenyl ether (101-55-3)			X									
14B. Butyl-benzyl phthalate (85-68-7)			X									
15B. 2-Chloro-naphthalene (7005-72-3)			X									
16B. 4-Chloro-phenyl phenyl ether (7005-72-3)			X									
17B. Chrysene (218-01-9)		X		<0.005	40.0003	<0.005	40.0002		1	mg/L	lb/day	
18B. Dibenzo-(a,h) Anthracene (53-70-3)		X		<0.005	40.0003	<0.005	40.0002		1	mg/L	lb/day	
19B. 1,2-Dichloro-benzene (95-50-1)			X									
20B. 1,3-Dichloro-Benzene (541-73-1)			X									
21B. 1,4-Dichloro-benzene (106-46-7)			X									
22B. 3,3-Dichloro-benzidine (91-94-1)			X									
23B. Diethyl phthalate (84-66-2)			X									

Part C - Continued												
1 POLYMER AND GAS NO. (if available)	2 MARK "X"		3 EXPERIMENT						4 UNITS		5 INTAKE (optional)	
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass
				(1)	(2)	(1)	(2)	(1)	(2)			
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS (Continued)												
24B. Dimethyl Phthalate (131-11-3)			X									
25B. Di-N-butyl Phthalate (84-74-2)			X									
26B. 2,4-Dinitro-toluene (121-14-2)			X									
27B. 2,6-Dinitro-toluene (606-20-2)			X									
28B. Di-n-octyl Phthalate (117-84-0)			X									
29B. 1,2-diphenyl-hydrazine (as azobenzene) (122-66-7)			X									
30B. Fluoranthene (208-44-0)		X		<0.005	<0.003	<0.005	<0.002		1	mg/L	lb/day	
31B. Fluorene (86-73-7)		X		<0.005	<0.003	<0.005	<0.002		1	mg/L	lb/day	
32B. Hexachloro-benzene (118-71-1)			X									
33B. Hexachloro-butadiene (87-68-3)			X									
34B. Hexachloro-cyclopenta-diene (77-47-4)			X									

Part C - Continued														
1 POLLUTANT AND CAS NO. (If available)	2 MARK "X"		3 EFFECT						4 UNITS		5 INTAKE (optional)			
	a. Testing Required	b. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value	b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass					
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS (Continued)														
35B. Hexachloro- cyclopentadiene (67-72-1)			X											
36B. Indeno- (1,2,3-cd)- Pyrene (193-39-5)		X		<0.005	<0.0003	<0.005	<0.0002			1	mg/L	lb/day		
37B. Isophorone (78-59-1)			X											
38B. Naphthalene (91-20-3)		X		<0.005	<0.0003	<0.005	<0.0002			1	mg/L	lb/day		
39B. Nitro- benzene (98-95-3)			X											
40B. N-Nitroso- dimethyl- amine (62-75-9)			X											
41B. N-nitrosodi-n- propylamine (621-64-7)			X											
42B. N-nitro- sodiphenyl- amine (86-30-6)			X											
43B. Phenanthrene (85-01-8)		X		<0.005	<0.0003	<0.005	<0.0002			1	mg/L	lb/day		
44B. Pyrene (129-00-4)		X		<0.005	<0.0003	<0.005	<0.0002			1	mg/L	lb/day		
45B. 1,2,4-Trichloro- benzene (120-82-1)			X											

Part C - Continued														
1 POLLUTANT And CAS NO. (if available)	2 MARK "X"			3 EXPOSURE						4 UNITS		5 INTAKE (optional)		
	a Testing Required	b Believed Present	b Believed Absent	a Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d No. of Analyses	a Concentration	b Mass	a Long-Term Avg. Value	b No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass					
GC/MS FRACTION - PESTICIDES														
1P. Aldrin (309-00-2)			X											
2P. α-BHC (319-84-6)			X											
3P. β-BHC (38-89-9)			X											
4P. gamma-BHC (58-89-9)			X											
5P. δ-BHC (319-86-8)			X											
6P. Chlordane (57-74-9)			X											
7P. 4,4'-DDT (50-29-3)			X											
8P. 4,4'-DDE (72-55-9)			X											
9P. 4,4'-DDD (72-54-8)			X											
10P. Dieldrin (60-57-1)			X											
11P. α- Endosulfan (115-29-7)			X											
12P. β- Endosulfan (115-29-7)			X											
13P. Endosulfan Sulfate (1031-07-8)			X											
14P. Endrin (72-20-8)			X											

Part C - Continued

1 POLLUTANT And CAS NO. (if available)	2 MARK "X"		3 EFFLUENT						4 UNITS		5 INTAKE (optional)			
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass		
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass
GC/MS FRACTION - PESTICIDES														
15P. Endrin Aldehyde (7421-93-4)			X											
16P. Heptachlor (76-44-8)			X											
17P. Heptachlor Epoxide (1024-57-3)			X											
18P. PCB-1242 (53469-21-9)			X											
19P. PCB-1254 (11097-69-1)			X											
20P. PCB-1221 (11104-28-2)			X											
21P. PCB-1232 (11141-16-5)			X											
22P. PCB-1248 (12672-29-6)			X											
23P. PCB-1260 (11096-82-5)			X											
24P. PCB-1016 (12674-11-2)			X											
25P. Toxaphene (8001-35-2)			X											

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (use the same format) instead of completing these pages. (See instructions)

V. INTAKE AND EFFLUENT CHARACTERISTICS (Continued from page 3 of Form C)										OUTFALL NO. 001	
Part A. You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.											
1. POLLUTANT	2. EFFLUENT		3. UNITS (specify if blank)		4. INTAKE (optional)						
	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses		e. Units		
	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass					
a. Biochemical Oxygen Demand (BOD)	18	0.60	18	0.60			1	mg/L	16./day		
b. Chemical Oxygen Demand (COD)	40	1.34	40	1.34			1	mg/L	16./day		
c. Total Organic Carbon (TOC)	16	0.53	16	0.53			1	mg/L	16./day		
d. Total Suspended Solids (TSS)	5	0.17	5	0.17			1	mg/L	16./day		
e. Ammonia (as N)	0.43	0.014	0.43	0.014			1	mg/L	16./day		
f. Flow (in units of MGD)	VALUE 0.004		VALUE 0.004		VALUE		1		MGD	VALUE	
g. Temperature (winter)	VALUE		VALUE		VALUE				°C	VALUE	
h. Temperature (summer)	VALUE 22		VALUE 22		VALUE		1		°C	VALUE	
i. pH	MINIMUM 7.30	MAXIMUM 7.30	MINIMUM 7.30	MAXIMUM 7.30	STANDARD UNITS		1				

Part B. In the MARK "X" column, place an "X" in the Believed Present column for each pollutant you know or have reason to believe is present. Place an "X" in the Believed Absent column for each pollutant you believe to be absent. If you mark the Believed Present column for any pollutant, you must provide the results of at least one analysis for that pollutant. Complete one table for each outfall. See the instructions for additional details and requirements.

1 POLLUTANT AND CAS NO. (If available)	2 MARK "X"		3 EFFECT						4 UNITS		5 INTAKE (optional)			
	a Believed Present	b Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value		b. No. of Analyses
			(1)	(2)	(1)	(2)	(1)	(2)				(1)	(2)	
a. Bromide (2459-67-9)		X												
b. Bromine Total Residual		X												
c. Chloride	X		16	0.53	16	0.53			1	mg/L	16/day			
d. Chlorine, Total Residual		X												
e. Color		X												
f. Fecal Coliform		X												
g. Fluoride (15984-48-8)		X												
h. Hardness (as CaCO ₃)		X												
i. Nitrate - Nitrite (as N)		X												
j. Nitrogen, Total Organic (as N)		X												
k. Oil and Grease	X		7	0.23	7	0.23			1	mg/L	16/day			
l. Phosphorous (as P), Total 7723-14-0	X		0.072	0.002	0.072	0.002			1	mg/L	15/day			
m. Radioactivity														
(1) Alpha, Total		X												
(2) Beta, Total		X												
(3) Radium Total		X												
(4) Radium, 226, Total		X												

Part B - Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X" Believed Present	3. EFFLUENT a. Maximum Daily Value (1) Concentration b. Maximum 30-Day Value (if available) (1) Concentration c. Long-Term Avg. Value (if available) (1) Concentration d. No. of Analyses	4. UNITS	5. INTAKE (optional) a. Long-Term Avg. Value (1) Concentration b. No. of Analyses
r. Sulfate (as SO ₄) (14808-79-8)				
s. Sulfide (as S)	X	<0.02	<0.001	<0.02
t. Sulfite (as SO ₃) (14286-46-3)				
u. Surfactants				
v. Aluminum, Total (7429-90)				
w. Barium, Total (7440-39-3)				
x. Boron, Total (7440-42-8)				
y. Cobalt, Total (7440-48-4)				
z. Iron, Total (7439-89-6)	X	1.82	0.06	1.82
aa. Magnesium Total (7439-96-4)				
ab. Molybdenum Total (7439-98-7)				
ac. Manganese, Total (7439-96-6)				
ad. Tin, Total (7440-31-5)				
ae. Titanium, Total (7440-32-6)				

Part C - If you are a primary industry and this outfall contains process wastewater, refer to Table C-2 in the instructions to determine which of the GC/MAS fractions you must test for. Mark "X" in the Testing Required column for all such GC/MAS fractions that apply to your industry and for A.L.I. toxic metals, cyanides, and total phenols. If you are not required to mark this column (secondary industries, nonprocess wastewater outfalls, and non-required GC/MAS fractions), mark "X" in the Believed Present column for each pollutant you know or have reason to believe is present. Mark "X" in the Believed Absent column for each pollutant you believe to be absent. If you mark either the Testing Required or Believed Present columns for any pollutant, you must provide the result of at least one analysis for that pollutant. Note that there are seven pages to this part; please review each carefully. Complete one table (all seven pages) for each outfall. See instructions for additional details and requirements.

1 POLLUTANT AND CASNO. (if available)	2 MARK "X"		3 EFFLUENT						4 UNITS		5 INTAKE (optional)	
	a. Testing Required	b. Believed Present	c. Believed Absent	a. Maximum Daily Value (1)	b. Maximum 30-Day Value (if available) (2)	c. Long-Term Avg. Value (if available) (1)	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value (1)	b. No. of Analyses	
METALS, CYANIDE AND TOTAL PHENOLS												
1M. Antimony Total (7440-36-0)			X									
2M. Arsenic, Total (7440-38-2)			X									
3M. Beryllium Total (7440-41-7)			X									
4M. Cadmium Total (7440-43-9)			X									
5M. Chromium Total (7440-43-9)			X									
6M. Copper Total (7550-50-8)			X									
7M. Lead Total (7439-92-1)			X									
8M. Mercury Total (7439-97-6)			X									
9M. Nickel, Total (7440-02-0)			X									
10M. Selenium, Total (7782-49-2)			X									
11M. Silver, Total (7440-28-0)			X									

Part C. Continued																	
1 POLLUTANT And CAS NO. (If available)	2 MARK "X"	3 EFFLUENT								4 UNITS		5 INTAKE (optional)					
		a. Testing Required	b. Believed Present	c. Believed Absent	a. Maximum Daily Value (1)	(2)	b. Maximum 30-Day Value (if available) (1)	(2)	c. Long-Term Avg. Value (if available) (1)	(2)	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value (1)	(2)	b. No. of Analyses	
METALS, CYANIDE AND TOTAL PHENOLS (Continued)																	
12M. Thallium, Total (7440-28-0)				X													
13M. Zinc, Total (7440-66-6)				X													
14M. Cyanide, Total (57-12-5)				X													
15M. Phenols, Total				X													
DIOXIN																	
2,3,7,8 Tetra- chlorodibenzo, p. Dioxin (1784-01-6)				X		DESCRIBE RESULTS:											
GC/MS FRACTION - VOLATILE COMPOUNDS																	
IV. Acrolein (107-02-8)				X													
2V. Acrylonitrile (107-13-1)				X													
3V. Benzene (71-43-2)				X													
5V. Bromoform (75-25-2)				X													
6V. Carbon Tetrachloride (56-23-5)				X													
7V. Chloro- benzene (108-90-7)				X													
8V. Chlorodifluoro- methane (124-48-1)				X													

Part C, Continued

1 POLLUTANT And CAS NO. (if available)	2 MARK "X"		3 EFFLUENT						4 UNITS		5 INTAKE (optional)				
	a Testing Required	a. Believed Present	b. Believed Absent	a Maximum Daily Value		b Maximum 30-Day Value (if available)		c Long-Term Avg. Value (if available)		d No. of Analyses	a. Concentration	b. Mass	a Long-Term Avg Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
9V. Chloroethane (74-00-3)			X												
10V. 2-Chloro- ethylvinyl Ether (110-75-8)			X												
11V. Chloroform (67-66-3)			X												
12V. Dichloro- bromomethane (75-71-8)			X												
14V. 1,1- Dichloroethane (75-34-3)			X												
15V. 1,2- Dichloroethane (107-06-2)			X												
16V. 1,1- Dichloroethylene (75-35-4)			X												
17V. 1,2-Di- chloropropane (78-87-5)			X												
18V. 1,3- Dichloropro- pylene (452-75-6)			X												
19V. Ethyl- benzene (100-41-4)			X												
20V. Methyl Bromide (74-83-9)			X												

Part C - Continued														
1. POLLUTANT And CAS NO. (if available)	2. MARK "X"		3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. Testing Required	a. Believed Present	b. Believed Absent	b. Maximum Daily Value (1)	(2) Mass	b. Maximum 30-Day Value (if available) (1)	(2) Mass	c. Long-Term Avg. Value (if available) (1)	(2) Mass	d. No. of Analyses	a. Concentration	b. Mass	5. INTAKE (optional)	
													(1) Concentration	(2) Mass
21 V. Methyl Chloride (74-87-3)			X											
22 V. Methylene Chloride (75-00-2)			X											
23 V. 1,1,2,2-Tetrachloro-ethane (79-34-5)			X											
24 V. Tetrachloro-ethylene (127-18-4)			X											
25 V. Toluene (108-88-3)			X											
26 V. 1,2-Trans-Dichloro-ethylene (156-60-5)			X											
27 V. 1,1,1-Trichloroethane (71-55-6)			X											
28 V. 1,1,2-Trichloroethane (79-00-5)			X											
29 V. Trichloro-ethylene (79-01-6)			X											
30 V. Vinyl Chloride (75-01-4)			X											

Part C - Contaminated

Part C - Continued														
1. POLLUTANT And CAS NO. (if available)	2. MARK "X"		3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. Testing Required	b. Believed Present	c. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	c. Long-Term Avg Value	d. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass					
G/CMS FRACTION - ACID COMPOUNDS														
1A. 2-Chloro-phenol (95-57-8)			X											
2A. 2,4-Dichlor-Orophenol (120-83-2)			X											
3A. 2,4-Dimeth-ylphenol (105-57-9)			X											
4A. 4,6-Dinitro-o-cresol (534-52-1)			X											
5A. 2,4-Dinitro-phenol (51-28-5)			X											
6A. 2-Nitro-phenol (88-75-5)			X											
7A. 4-Nitro-phenol (100-02-7)			X											
8A. p-chloro-m-cresol (59-50-7)			X											
9A. Pentachloro-phenol (87-88-5)			X											
10A. Phenol (108-05-2)			X											
11A. 2,4,6-Tr-chlorophenol (88-06-2)			X											
G/CMS FRACTION - BASE/NEUTRAL COMPOUNDS														
1B. Acetone- pithene (83-32-9)			X											

Part C - Continued

1 POLLUTANT And CAS NO. (if available)	2 MARK "X"			3 EFFLUENT						4 UNITS		5 INTAKE (optional)			
	a Testing Required	b Believed Present	c Believed Absent	a Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d No. of Analyses	a Concentration	b Mass	a Long-Term Avg Value		b No. of Analyses
				(1)	(2)	(1)	(2)	(1)	(2)				(1)	(2)	
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS (Continued)															
2B. Acena- phyliene (208-96-8)			X												
3B. Anthra- cene (120-12-7)			X												
4B. Benzidine (92-87-5)			X												
5B. Benzo(a)- anthracene (56-55-3)			X												
6B. Benzo(a)- pyrene (50-32-8)			X												
7B. 3,4-Benzo- fluoranthene (205-99-2)			X												
8B. Benzo(g,h,i) perylene (191-24-2)			X												
9B. Benzo(k)- fluoranthene (207-48-9)			X												
10B. Bis(2- chloro- ethoxy)- methane (111-91-1)			X												
11B. Bis (2-chloro- isopropyl)- Ether			X												
12B. Bis (2-ethyl- hexyl)- phthalate (117-81-7)			X												

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT				4. UNITS		5. INTAKE (optional)		b. No. of Analyses			
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration		b. Mass	a. Long-Term Avg Value (1)	b. Mass (2)
				(1)	(2)	(1)	(2)	(1)	(2)						
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS (Continued)															
13B, 4-Bromo-phenyl phenyl ether (101-55-3)			X												
14B, Butyl-phenyl phthalate (85-68-7)			X												
15B, 2-Chloro-naphthalene (7005-72-3)			X												
16B, 4-Chloro-phenyl phenyl ether (7005-72-3)			X												
17B, Chrysene (218-01-9)			X												
18B, Dibenzo-(a,h) Anthracene (53-70-3)			X												
19B, 1,2-Dichloro-benzene (95-50-1)			X												
20B, 1,3-Dichloro-Benzene (541-73-1)			X												
21B, 1,4-Dichloro-benzene (106-46-7)			X												
22B, 3,3-Dichloro-benzidene (91-94-1)			X												
23B, Diethyl Phthalate (84-66-2)			X												

Part C - Continued												
1. POLLUTANT And CAS NO (if available)	2. MARK "X"		3. EFFLUENT						4. UNITS		5. INTAKE (optional)	
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass			
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS (Continued)												
24B. Dimethyl Phthalate (131-11-3)			X									
25B. Di-N- butyl Phthalate (84-74-2)			X									
26B. 2,4-Dinitro- toluene (121-14-2)			X									
27B. 2,6-Dinitro- toluene (606-20-2)			X									
28B. Di-n-octyl Phthalate (117-84-0)			X									
29B. 1,2- diphenyl- hydrazine (as azobenzene) (122-66-7)			X									
30B. Fluoranthene (208-44-0)			X									
31B. Fluorene (86-73-7)			X									
32B. Hexachloro- benzene (118-71-1)			X									
33B. Hexachloro- naphthalene (87-68-3)			X									
34B. Hexachloro- cyclopenta- diene (77-47-4)			X									

Part C - Continued

1 POLLUTANT And CAS NO. (if available)	2 MARK "X"		3 EFFLUENT				4 UNITS		5 INTAKE (optional)	
	a. Testing Required	b. Believed Present	c. Believed Absent	a. Maximum Daily Value (1) (2)		b. Maximum 30-Day Value (if available) (1) (2)	c. Long-Term Ave. Value (if available) (1) (2)		d. No. of Analyses	e. Concentration
				Concentration	Mass	Concentration	Mass	Concentration		
35B. Hexachloroethane (67-72-1)			X							
36B. Indeno-(1,2,3-cd)-Pyrene (193-39-5)			X							
37B. Isophorone (78-59-1)			X							
38B. Naphthalene (91-20-3)			X							
39B. Nitrobenzene (98-95-3)			X							
40B. N-Nitrosodimethylamine (62-75-9)			X							
41B. N-nitrosodipropylamine (621-64-7)			X							
42B. N-nitrosodiphenylamine (86-30-6)			X							
43B. Phenanthrene (85-01-8)			X							
44B. Pyrene (129-00-0)			X							
51B. 1,2,4-Trichlorobenzene (120-82-1)			X							

1 POLLUTANT And CAS NO. (if available)	2 MARK "X"			3 EFFLUENT						4 UNITS		5 INTAKE (optional)		b No. of Analyses
	a Testing Required	b Believed Present	c Believed Absent	a Maximum Daily Value		b Maximum 30-Day Value (if available)		c Long-Term Avg. Value (if available)		d No. of Analyses	a Concentration	b Concentration		
				(1)	(2)	(1)	(2)	(1)	(2)				(1)	
GC/MS FRACTION - PESTICIDES														
1P. Aldrin (309-00-2)			X											
2P. α-BHC (319-84-6)			X											
3P. β-BHC (58-89-9)			X											
4P. gamma-BHC (58-89-9)			X											
5P. δ-BHC (319-86-8)			X											
6P Chlordane (57-74-9)			X											
7P. 4,4'-DDT (50-29-3)			X											
8P. 4,4'-DDB (72-55-9)			X											
9P. 4,4'-DDD (72-54-8)			X											
10P. Dieldrin (60-57-1)			X											
11P. α- Endosulfan (115-29-7)			X											
12P. β- Endosulfan (115-29-7)			X											
13P. Endosulfan Sulfate (1031-07-8)			X											
14P. Endrin (72-20-8)			X											

1 POLLUTANT And CAS NO. (if available)	2 MARK "X"		3 EFFLUENT						4 UNITS		5 INTAKE (optional)					
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value		b. No. of Analyses	
				(1)	(2)	(1)	(2)	(1)	(2)				(1)	(2)		
GC/MS FRACTION - PESTICIDES																
15P. Endrin Aldehyde (7421-93-4)			X													
16P. Heptachlor (76-44-8)			X													
17P. Heptachlor Epoxide (1024-57-3)			X													
18P. PCB-1242 (53469-21-9)			X													
19P. PCB-1254 (11097-69-1)			X													
20P. PCB-1221 (11104-28-2)			X													
21P. PCB-1232 (11141-16-5)			X													
22P. PCB-1248 (12672-29-6)			X													
23P. PCB-1260 (11096-82-5)			X													
24P. PCB-1016 (12674-11-2)			X													
25P. Toxaphene (8001-35-2)			X													